


REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Application Number</td> <td>10/099,932</td> </tr> <tr> <td>Filing Date</td> <td>March 13, 2002</td> </tr> <tr> <td>First Named Inventor:</td> <td>Steve W. Dykeman</td> </tr> <tr> <td>Art Unit</td> <td></td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Attorney Docket Number</td> <td>7660P005</td> </tr> </table>	Application Number	10/099,932	Filing Date	March 13, 2002	First Named Inventor:	Steve W. Dykeman	Art Unit		Examiner Name		Attorney Docket Number	7660P005
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First Named Inventor:	Steve W. Dykeman												
Art Unit													
Examiner Name													
Attorney Docket Number	7660P005												
<u>I hereby revoke all previous powers of attorney given in the above-identified application.</u>													
<input type="checkbox"/> A Power of Attorney is submitted herewith													
OR													
<input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: 08791													
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to:													
<input checked="" type="checkbox"/> The address associated with Customer Number: 08791													
OR													
<input type="checkbox"/> Firm or Individual Name													
Address													
City	State												
Country	Zip												
Telephone	Email												
I am the: <input type="checkbox"/> Applicant/Inventor. <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 C.F.R. 3.71. <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</i>													
SIGNATURE of Applicant or Assignee of Record													
Signature													
Name	David Liu												
Date	3/19/08												
Telephone	617-562-4054												
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below*.													
<input type="checkbox"/> *Total of _____ forms are submitted													

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450